

EDITORIALS

WHO IS RESPONSIBLE FOR THE CHILD?

"In carrying forward a program of health education, the school becomes organized to do for the child what was formerly done in the home. In this field the school takes over parental responsibilities in precisely the same way that it has in the field of household and industrial arts."—Jesse Feiring Williams, Hygeia, September, 1923.

That the educational departments of our country have been planning for some time to take over the parental responsibilities in the care of children has been perfectly obvious to those who read the signs of the times. Recently a number of writers on so-called health education of school children have come out quite frankly and emphatically in claiming this right. A number of speakers at the National Educational Association conference in San Francisco brought forward this idea, of the department of education's assuming sponsorship for the development of children and relieving the parents of that responsibility; and at least one of these speakers was challenged at the time.

The quotation at the head of this article is another from a responsible source, and it shows the real object of a large element of the educational influences of our country. If many statements of this character come out through a variety of sources, it is likely that the ultimate program will be defeated, because we are fully persuaded that the American public are not yet ready to make motherhood an incubator scheme and the home a dormitory for the rearing of children under the guidance of Federal, State or any other kind of legal machinery.

COMMUNITY CHESTS

The Journal has many requests from physicians and others to discuss both sides of the "Community Chest" movement. Advocates of the movement are numerous and the points in favor of it have been given the widest possible circulation in all parts of the country.

Persons interested in the other side of the question may secure an interesting pamphlet by addressing P. O. Box 1455, Pittsburgh, Pa. This pamphlet was prepared by a committee of twenty-six important persons who spent a great deal of time studying the question when it was proposed to make Pittsburgh a "Chest" city. Additional information may be had from many chambers of commerce in cities that have not endorsed the plan.

The pamphlet in question says among other things that:

"The Community Financial Federation tends to make charity a machine, to stifle individual philanthropy, to abridge the rights of both the donors and the agencies, and its few advantages do not constitute adequate compensation for the disadvantages of the plan.

"The Community Chest penalizes the strong

and successful societies by interfering with their initiative and by capitalizing their good name and record of efficiency to the advantage of inefficient organizations, thus enabling these less worthy agencies to be financed and perpetuated through the standing and successful record of the strong and thoroughly tested organizations instead of requiring each to justify its right to exist by developing its own supporting constituency on the strength of service performed.

"Some Community Chests are becoming monopolies in the handling of public charity. They are heading in the direction of gigantic charity trusts. While in some cities the Chest is as yet a benevolent and only mildly autocratic trust, in others it is fast developing into a dominating and thoroughly autocratic body. This is particularly true in the large number of cities where the Chest is failing to raise the required amount. The acid test of its relationship to the participating agencies comes when the fund it raises is insufficient for the requirements. Fair weather does not test the staunchness of the ship.

"In several Chest cities representatives of important participating agencies complain that the executive committee of the Chest is rapidly becoming a super-governing body, determining the scope of the work of the agencies and increasingly exercising authority over them, treating as wards or dependents agencies which, through a successful history of many years, have efficiently and economically conducted their work. . . .

"The nation-wide promotion of the Community Chest plan seems to be very largely fostered by the American Committee for Community Organization, which is composed, to a very large extent, of Community Chest paid officials. . . .

"The Community Chest plan is virtually a violation of the fundamental principle of religious liberty in that it compels a donor to give to the support of agencies established and controlled by religious bodies with whose methods and aims he may not be in sympathy. The so-called privilege of 'designations of gifts' by means of which some Chest committees seek to meet this situation, is a delusion in that no matter what may be the aggregate amount of gifts which are designated for an agency, it gets only the amount allotted to it in the Chest budget. . . .

"The leading officer of an important participating agency in a Chest city in the West makes the following statement: 'With us the Chest has yet to make good. It has not altogether protected the giving public from "more than one solicitation during the year." It has not yet given the participating organizations 100 per cent of their actual allocations. It is undertaking, however, to do this by "juggling the calendar"—i. e., by shortening the year 1922 to nine months and starting the next Chest year October 1, 1922, instead of January 1, 1923. It does not take much of a mathematician to figure out that this adds 25 per cent to the amount the donor must give. With us the Chest has not reduced the cost of getting money, nor has it provided more money for the participating organizations.'

"Just as Municipal, State and Federal Govern-

ments, with the power which is behind them, can successfully get from the people large sums through taxation, so the Community Chest, where sufficiently backed by strong financial and other influential interests and where the assessment plan is rigidly employed, can, during its early history, get from the people incredibly large sums. As to whether, in the long run, this is a wise, safe and just plan for financing agencies organized and controlled by private bodies (which often are also sectarian) is a real question, particularly in view of the fact that no group of commercial or trade organizations in this or any other city, so far as we know, have adopted this method of pooling their financial resources."

The organized medical professions and the hospitals of California have not as yet either endorsed or condemned the "Chest Plan." Neither have they been consulted about it.

WHAT ARE "PRIVATE MEDICAL FEES"?

Recently there have appeared quite a number of articles which indicate that "private medical fees" are something definite and fixed. One recent article on the classification of patients in a "pay clinic" emphasizes the growing argument that patients should not be classified in accordance with income, but in accordance with their ability to pay "private medical rates."

Most of the articles and arguments constituting this propaganda are written by non-medical persons. Furthermore, they are written by persons whose past conduct shows them to be much interested in the socialization of medicine and who are themselves receiving compensation of one sort or another from socialized medical organizations.

Every true physician knows, and every well-informed layman ought to know before he writes on medical subjects, that there is no such thing as "private medical rates." He should appreciate the fact that most physicians have a more or less definite fee schedule for their work, but that the greatest part of their work is done at a figure well below this schedule.

This new movement by socialized medicine advocates suggests initial efforts to broaden the field which they can claim for patients of "pay clinics" and similar organizations. It ought not go unchallenged by the medical profession. Articles of this character are so unfair to the spirit of ethics and the practices of physicians that they ought to be resented and challenged by medical organizations everywhere. Physicians always have taken care of free work of their communities, and they always have met half-way the man who could pay something, but who could not pay the full cost of his medical service. There is nothing to indicate that the modern physician has changed in his altruism, except the propaganda of certain people, some of whom are paid salaries to promote the socialization of medicine. It is disheartening to the true physician to see in medical literature the wide admission of this kind of medical propaganda. That such a program can be carried out is but another evidence of the lack of adequate organization and co-operation among physicians themselves.

NEWSPAPERS AND PUBLIC HEALTH

More and more newspapers are devoting increasing space to matters pertaining to health. Some of their many difficulties in producing the right sort of information in their reading columns and greater cleanliness in their advertising columns is indicated by Lucy Salmon, professor of history in Vassar College:

"In the consideration of public health, the press is not so much divided against itself as it is divided with reference to the parts of the subject itself. The press has a free hand in some of its campaigns for public health—flies, rats, mosquitoes, and caterpillars are not commercialized, and campaigns against them are universally popular. But the press suffers a heavy handicap when it attempts to improve other conditions that militate against the health of the public. Efforts to secure pure milk may run counter to milk dealers and to the Grange; proposals to improve the water supply come into collision with the taxpayers; epidemics must not be reported because they reflect on the board of health and diminish out-of-town trade; news of the bubonic plague must be suppressed because its publication will interfere with travel; disgraceful living conditions in congested districts must be ignored because the tenement houses are the property of wealthy residents; the results of accidents must be minimized because they reflect on the railroads, or on important local manufacturing industries, or on the large department store; danger from fire in buildings where many persons are employed must not be dwelt upon because the owners are influential citizens; advertisements of patent cure-alls must not be rejected because they make widely known the home town where they are manufactured; a "clean-up week" must not be urged because it is opposed by the board of public works; exposure of filthy conditions behind the scenes in restaurants will result in boycotting the restaurants."

A REMARKABLE DAMAGE SUIT

The days when a physician's responsibilities were largely with his conscience and his God have passed. Once the patient accepted almost without question the opinions and service of the physician of his choice. Under these conditions, damage and malpractice suits were rare. In fact, laws and court decisions defining malpractice, and therefore the legal responsibilities of physicians, were not numerous nor drastic.

This situation is rapidly changing, and has already changed until the practice of medicine might properly be classed among the hazardous occupations. The hazards at the present time are in fact extraordinary, because of the irregularity of legislative enactments and the curious and, in some instances, weird decisions of courts.

Malpractice suits have become so frequent, based upon such a wide variety of allegations, that protective insurance is as much a necessary expense to the physician as is his office rent.

The fact that from 95 to 99 per cent of malpractice suits are without justification, as determined by court actions everywhere, does not in any